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	to the to form of a						1				
	in this information btor 1	Karen T Belt									
_	btor 2 buse, if filing)					_					
Uni	ited States Bankrup	otcy Court for the:	SOUTHERN DISTRIC	CT OF NEW YORK							
	se number 17	-22419		-			= A	k if this is: n amende	d filing	g postpetition	chapter
_	fficial Form						_	3 income a		ollowing date:	
Be a sup spo atta	plying correct info use. If you are sep ch a separate she	accurate as poss ormation. If you parated and you	DITIE ible. If two married peo are married and not filir r spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse ide infor	is liv mati	ing with	you, inclu your spo	ude inforn ouse. If mo	nation about ore space is	your needed,
1.	Fill in your emp	• •		Debtor 1				Debtor 2	or non-fi	ling spouse	
	If you have more	ate page with		■ Employed				☐ Employed			
	attach a separate information about		Employment status	☐ Not employed				☐ Not employed			
	employers.		Occupation	Assistant County Attorney							
	Include part-time self-employed wo		Employer's name	Westchester County							
	Occupation may or homemaker, if		Employer's address	148 Martine Ave White Plains, N		I					
			How long employed t	here? 9 years	3			_			
Pai	rt 2: Give De	etails About Mon	thly Income								
	imate monthly incuse unless you are		ate you file this form. If	you have nothing to r	eport for	any	line, write	\$0 in the	space. Inc	clude your nor	n-filing
	ou or your non-filing e space, attach a s		ore than one employer, co	ombine the informatio	n for all	empl	oyers for	that perso	n on the li	nes below. If y	you need
							For Del	otor 1		otor 2 or ng spouse	
2.			ry, and commissions (be calculate what the monthle		2.	\$	9	,227.42	\$	N/A	
3.	Estimate and lis	st monthly overti	me pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	e 2 + line 3.		4.	\$	9,2	27.42	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

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Deb	tor 1	Karen I Beltran	-	Ca	se number (if known)	17-22	2419	
				F	or Debtor 1	For I	Debtor 2 or	
				•	0. 505.0		filing spouse	е
	Сор	y line 4 here	4.	\$	9,227.42	\$	N/	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	. \$	1,513.35	\$	N/	'Α
	5b.	Mandatory contributions for retirement plans	5b.		-,	\$	N/	
	5c.	Voluntary contributions for retirement plans	5c.	. \$		\$	N/	
	5d.	Required repayments of retirement fund loans	5d.	. \$		\$	N/	
	5e.	Insurance	5e.			\$	N/	
	5f.	Domestic support obligations	5f.			\$	N/	
	5g.	Union dues	5g.	. \$		\$	N/	
	5h.	Other deductions. Specify: Day Care	5h.			+ \$	N/	
		Parking and Transportation expense	_	\$		\$	N/	
		Non Q Ret AR	_	\$		\$	N/	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	_ 6.	\$	3,418.37	\$	N/	 'A
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,809.05	\$	N/	
			٠.	Ψ	5,609.05	Ψ	IN/	<u>A</u>
8.	8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross						
		receipts, ordinary and necessary business expenses, and the total	0-	•	4 000 00	c		, <u>a</u>
	Oh	monthly net income.	8a.			\$	N/	
	8b. 8c.	Interest and dividends	8b.	. Ф	0.00	Φ	N/	A
	oc.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce						
		settlement, and property settlement.	8c.	. \$	0.00	\$	N/	Ά
	8d.	Unemployment compensation	8d.	. \$	0.00	\$	N/	Ά
	8e.	Social Security	8e.	. \$	0.00	\$	N/	'A
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/	/ A
	8g.	Pension or retirement income	_ 8g.			\$ 	N/	
	8h.	Other monthly income. Specify:	8h.	,	0.00	+ \$	N/	
	011.		_ '''	· · —	0.00	`	11/	<u>^</u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,300.00	\$	N	I/A
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	7,109.05 + \$_		N/A = \$	7,109.05
11.	Inclu othe	te all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. In the include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•		chedule J. 11. +\$ _	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies					12. \$	7,109.05
13.	Do y	you expect an increase or decrease within the year after you file this form' No.	?					bined hly income
	_	Ves Evolain:						

Official Form 106I Schedule I: Your Income page 2

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Fill in this i	nformation to identify ye	our case:					
Debtor 1	Karen T Beli				Che	eck if this is:	
Dobtor 2						An amended filing	vian a saturatiti sa abaatan
Debtor 2 (Spouse, if fi	ling)					13 expenses as of	wing postpetition chapter the following date:
United State	s Bankruptcy Court for the	: SOUTH	ERN DISTRICT OF NEW	YORK		MM / DD / YYYY	
Case number	r 17-22419						
(If known)	-						
Officia	l Form 106J						
Sched	lule J: Your	Expen	ises				12/1
Be as com	plete and accurate as	s possible. eded, attac ry question	If two married people ar				
	a joint case?	enoia					
■ No	. Go to line 2.						
☐ Ye	s. Does Debtor 2 live	in a separa	ate household?				
	□ No		15 40010 5				
		St file Officia	al Form 106J-2, <i>Expenses</i>	tor Separate House	noia of De	otor 2.	
2. Do yo	u have dependents?	☐ No					
Do no Debto	t list Debtor 1 and r 2.	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	t state the						□ No
deper	dents names.			Son			Yes
				Son		20	□ No ■ Yes
							■ res □ No
				Son		23	Yes
							□ No
3. Do vo	ur expenses include	_					☐ Yes
exper	ises of people other t elf and your depende	han 🗖	No Yes				
Estimate y	as of a date after the	our bankru	y Expenses uptcy filing date unless y y is filed. If this is a supp				
Include ex the value of (Official Fo	of such assistance an	non-cash o d have inc	government assistance i luded it on <i>Schedule I:</i> Y	f you know <i>'our Incom</i> e		Your exp	enses
4. The re	ental or home owners	ship expens	ses for your residence. I	nclude first mortgage			
paym	ents and any rent for th	e ground o	r lot.		4.	\$	2,907.47
If not	included in line 4:						
4a.	Real estate taxes				4a.	·	0.00
4b. 4c.	Property, homeowner' Home maintenance, re				4b. 4c.		0.00 200.00
4d.	Homeowner's associa	•			4d.	·	0.00
5. Addit	ional mortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	\$	0.00

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Debtor 1	Karen T Beltran	Case num	ber (if known)	17-22419	
6. Utilit i	es:				
6a.	Electricity, heat, natural gas	6a.	\$	365.00	
6b.	Water, sewer, garbage collection	6b.	\$	45.00	
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	142.36	
6d.	Other. Specify: Cell phone	6d.		313.70	
	and housekeeping supplies	7.	·		
	care and children's education costs	8.	\$	800.00	
			·	383.34	
	ing, laundry, and dry cleaning	9.	\$	150.00	
	onal care products and services	10.	·	150.00	
	cal and dental expenses	11.	\$	60.00	
	sportation. Include gas, maintenance, bus or train fare.	12.	¢	375.00	
	ot include car payments.		·		
	tainment, clubs, recreation, newspapers, magazines, and books	13.		150.00	
	itable contributions and religious donations	14.	\$	20.00	
15. Insur					
	ot include insurance deducted from your pay or included in lines 4 or 20. Life insurance	15a.	¢	0.00	
			·	0.00	
	Health insurance	15b.	*	0.00	
	Vehicle insurance	15c.		343.41	
	Other insurance. Specify:	15d.	\$	0.00	
	s. Do not include taxes deducted from your pay or included in lines 4 or 20.				
Speci		16.	\$	0.00	
	Ilment or lease payments:				
	Car payments for Vehicle 1	17a.	\$	0.00	
17b.	Car payments for Vehicle 2	17b.	\$	0.00	
17c.	Other. Specify:	17c.	\$	0.00	
17d.	Other. Specify:	17d.	\$	0.00	
8. Your	payments of alimony, maintenance, and support that you did not report a	ıs	-		
	cted from your pay on line 5, Schedule I, Your Income (Official Form 106I)		\$	0.00	
9. Othe	r payments you make to support others who do not live with you.		\$	0.00	
Speci	ify:	19.			
	r real property expenses not included in lines 4 or 5 of this form or on ScI				
20a.	Mortgages on other property	20a.	\$	0.00	
20b.	Real estate taxes	20b.	\$	0.00	
20c.	Property, homeowner's, or renter's insurance	20c.	\$	0.00	
20d.	Maintenance, repair, and upkeep expenses	20d.	\$	0.00	
20e.	Homeowner's association or condominium dues	20e.	\$	0.00	
1. Other	r: Specify: Netflix		+\$	10.00	
	1 , 122.0000		+\$		
Ama				10.00	
Audi			+\$	15.00	
Gym			+\$	50.00	
	nty Bar Association		+\$	15.42	
	nen's Bar Association		+\$	13.33	
Blac	k Bar Association		+\$	8.33	
Atto	rney Registration Fee		+\$	15.63	
	ent Loans		+\$	301.00	
	ulate your monthly expenses		•	0.010.00	
	Add lines 4 through 21.		\$	6,843.99	
	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$		
22c. /	Add line 22a and 22b. The result is your monthly expenses.		\$	6,843.99	
0 0-1	data com manufalic mat in a ma			-	
	ulate your monthly net income.	22	Φ.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	7,109.05	
23b.	Copy your monthly expenses from line 22c above.	23b.	-\$	6,843.99	
23c.	Subtract your monthly expenses from your monthly income.	23c.	\$	265.06	
	The result is your <i>monthly net income</i> .	∠3C.	Ψ	203.00	

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Debtor	1 Karen T	Beltran	Case number (if known)	17-22419					
Fo	24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?								
	No.								
	Yes.	Explain here:							

Official Form 106J Schedule J: Your Expenses page 3